## TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/558,900		
Filing Date	April 26, 2000		
First Named Inventor	ned Inventor Vandermeijden, Tom R.		
Art Unit	2655		
Examiner Name	Abebe, Daniel Demelash		
Attorney Docket Number	022395-002700US		

		ENCLOSURES (Ch	eck all that appl					
Amendment Afte Affic Extension o	Attached	Drawing(s)  Licensing-related Pap  Petition  Petition to Convert to Provisional Application  Power of Attorney, Re Change of Correspond  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	ers a n vocation dence Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Return Postcard				
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53  Landscape Table on CD  Remarks The Commissioner is authorized to charge any additional fee Account 20-1430.  Certificate of Correction in duplicate is submitted herewith under the provision 1.323, along with the fee of \$100  Fee Transmittal								
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	Townsend and Town	send and Crew LLP						
Signature Allow D. Minoto								
Date	Alan D. Minsk  April 15, 2008		Reg. No.	35,956				
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify Commissioner f	that this correspond for Patents, via EFS W	dence is being deposited Veb on the date shown belo	with the Unite	ed States Patent and Trademark Office,				
Typed or printed na	ame Leslie C. Ray	, lar		Date 4/15/08				

Typed or printed name

100

PTO/SB/17 (09-07) Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/558,900 **Application Number** FEE TRANSMITTAL April 26, 2000 Filing Date Vandermeijden, Tom R. For FY 2007 First Named Inventor Abebe, Daniel Demelash Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2655 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 100022395-002700US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Townsend and Townsend and Crew LLP Deposit Account Deposit Account Number: 20-1430 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES** FILING FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) 105 255 210 510 310 155 Utility 130 65 100 50 210 105 Design 160 80 210 105 310 155 Plant 620 310 510 255 310 155 Reissue 0 0 0 0 100 210 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 105 210 Each independent claim over 3 (including Reissues) 185 370 Multiple dependent claims Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) **Total Claims** Fee Paid (\$) Fee (\$) -20 or HP = HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims -3 or HP =\_\_\_\_ х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Extra Sheets - 100 = / 50 = \_\_\_\_\_ (round **up** to a whole number) x \_\_\_\_\_ Fees Paid (\$) 4. OTHER FEE(S)

SUBMITTED BY				
Signature	AL A	M	Registration No. (Attorney/Agent) 35,956	Telephone 206-467-9600
Name (Print/Type)	Alan D. Minsk			Date 4/15/08

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Certificate of Correction